DOCUMENT RESUME

ED 383 919 CE 069 320

TITLE	Implementing "A New Life."
INSTITUTION	Further Education Unit, London (England).
REPORT NO	FEU076; ISBN-1-85338-365-1
PUB DATE	Jan 95
NOTE	9p.
AVAILABLE FROM	FEU Information Centre, Citadel Place, Tinworth Street, London SE11 5EH, England, United Kingdom.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adult Education; *Adult Programs; Agency Cooperation; Coordination; *Deinstitutionalization (of Disabled); Educational Strategies; Foreign Countries; *Learning Disabilities; Program Development; Program Implementation; Resource Allocation; *Severe Disabilities; Staff Development; *Strategic Planning; *Transitional Programs
IDENTIFIERS	*Great Britain

ABSTRACT

This bulletin, which is intended for senior managers in Great Britain's health, education, and social service sectors who are involved in planning or providing learning programs for adults with severe learning disabilities, identifies key issues in the strategic planning of programs using the packet of materials titled "A New Life." This packet was developed by Britain's Further Education Unit (FEU) in 1992 for use with severely learning disabled adults who are moving from long-stay hospitals into the community. Presented first is an overview of the contents of the New Life materials and their intended purpose within the context of FEU's commitment to achievement of adult status as an ultimate goal for all learners. The body of the bulletin is divided into five sections dealing with the following topics: developing and implementing an approach based on collaboration between services and agencies; moving from strategy to practice; coordinating the transition process; providing resources to transition learning programs; and planning and delivering training and support. Each section begins by identifying a key issue and includes a discussion of that issue along with action points for managers, coordinators, and/or FEU colleges and education services. A glossary is included. (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

IMPLEMENTING *A NEW LIFE*

January 1995

ED 383 919

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CE 065 320

INTRODUCTION

In October 1992, the Further Education Unit (FEU) published *A New Life*, a pack of learning materials for use with people with severe learning difficulties moving from long-stay hospitals into the community. *A New Life* recognises that organised help and support are vital for the essential learning associated with this transition.

The principles and practice embodied in *A New Life* were implemented in three pilot schemes conducted from November 1993 to July 1994 in the Blackburn, Bury and St Albans areas. The schemes developed partnership approaches in a variety of contexts involving further education (FE) colleges, health and social services and looked at the concept of transition beyond the first move from long-stay hospitals to consider some of the enduring issues of community living.The work was funded jointly by FEU and the Department of Health through the Shared Training Grants Scheme.

Based on that implementation work, this bulletin identifies key issues concerned with strategic planning, resourcing, management and training needs, and provides action points for managers with examples drawn from the pilot schemes. It should therefore be of interest to senior managers in health, education and social services concerned with the planning or provision of such learning programmes. Because of the possibility of differences in terminology between the agencies involved, a glossary of terms is appended.

FEU will simultaneously be providing guidelines on the implementation of *A New Life* which will be designed as a supplement to the original publication .

Many serious concerns have emerged during the implementation of the Government's Care in the Community policy. All of these concerns fall within the current debate between local authorities and the Government about resourcing the policy. In particular, there is unease that some people may be leaving hospital without due preparation and subsequent support. The report of the Audit Commission, the findings of the Griffiths Review and the social policy directives of the late 1980s all imply that learning materials which support transition are required. The White Paper *Caring for People* (1989) states that 'assessments should take account of the wishes of the individual and his or her carer' but does not suggest how to do this.

A New Life sets out to address the different areas of need by suggesting a framework for transition learning programmes, based on the wishes and interests of the learners. It does so by means of a clearly defined self-assessment process, offering flexible guidelines and a range of learning activities. Its conclusions were arrived at through collaboration between different agencies — health, education, social services, and voluntary organisations.

LEARNING, NOT JUST CHANGE

A New Life was designed to be used by individuals, or teams, working in partnership with a person with severe learning difficulties in various stages of transition. It proposes ideas which have been well tested by others; what makes it unique is that it uses a clear rationale for self-assessment as the starting point and a rigorous supporting framework for the learning plan. Learners in transition who have used *A New Life* have made significant learning gains which, because of the framework, have been planned for, recognised and built upon. As a consequence, they are better able to cope with independent living and have greater expectations for their future life. A variety of disciplines and agencies can be involved, as Figure 1 illustrates.

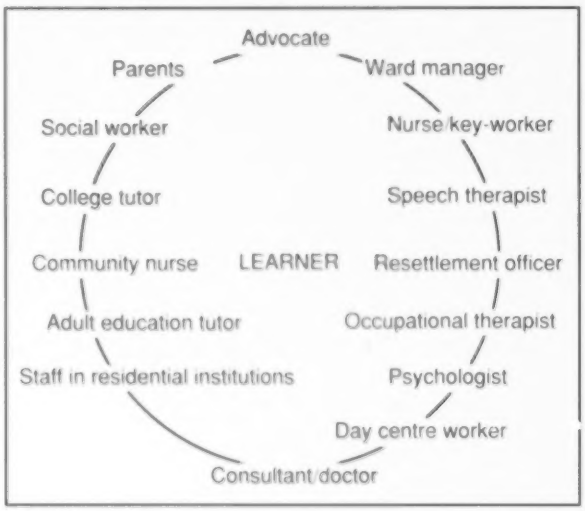

Figure 1.

It is vital to set up a structure that ensure all involved are working together towards the learner's goals.

Adult status for all

FEU is committed to the achievement of adult status as an ultimate goal for all learners. Recent FEU work has been based on the concept of 'adult status for all', which arose from an OECD/CERI project . This drew on the experiences of a number of countries to identify aspects of adult status:

- taking responsibility for one's own life;
- being involved in productive activity, usually paid employment providing enough money to make one financially independent;
- taking on adult roles in the community, including participation in leisure and recreational activities;
- taking on adult roles in the family, including involvement in a variety of relationships.

Young People with Handicaps: the Road to Adulthood (OECD/CERI, 1986)

BEST COPY AVAILABLE

This is useful in that it acknowledges an individual's rights and responsibilities, and promotes the notion of people with learning difficulties or disabilities as legitimate learners and active citizens.

A move into the community toward independent living does not, of course, *ensure* a move to adult status with all that implies but the chances of achieving it are greatly improved by supported progress towards autonomy and self-advocacy. The voices of those concerned should be heard and a learning programme devised and used by the individual to develop new skills for living in the community

A COLLABORATIVE APPROACH

KEY ISSUE: Effective transition planning depends on collaboration between services and agencies.

It is essential that each service makes a commitment to supporting transition (see Figure 2). Although there will be local differences in documentation with different methods of embedding the policy, this commitment should be written into mission statements and strategic and development plans across the agencies, shared by them, and acted upon.

Education provision for adults with disabilities or learning difficulties, which does not meet criteria for Schedule 2 (a list of courses, most of which lead to vocational or academic qualifications and are eligible for funding from the Further Education Funding Council), is dependent upon continued financial support from local education authorities (LEAs) and health and social services departments. It is important to keep education provision for adults with severe learning difficulties, who are also social services or health authority clients, high on the agenda at this time of significant change. The support the education services can provide both to other professionals who are themselves taking on an educative role and by promoting the value of continuing education for this group of learners, must be retained and developed.

FE colleges may not automatically be involved in the planning processes at strategic level. Since incorporation, they may have been seen as providers contracted for particular aspects of a learner's programme rather than partners in the planning process. However, FE colleges play a major part in the Government's post-16 policy for education and training and, therefore, have been allocated significant resources. Provision for learners with disabilities and learning difficulties needs to remain an essential ingredient in the colleges' mission statements and strategic plans.

Budget-holding institutions may tend to see the boundaries of their remit more clearly than the opportunities presented by collaboration but such co-operation between agencies is essential to secure effective transition into the community. Colleges, adult education and community education services can play an important role in supporting other professionals, such as nurses, social workers, residential care officers, community nurses and resettlement teams, in designing and delivering transition learning programmes. Being clear about the value of shared management enables senior staff to argue for additional resources for joint projects.

To achieve this, the pilot schemes investigated ways in which planning and implementation mechanisms, which were common to all services, could be utilised. They tested the hypothesis that the model described in *A New Life* is relevant to all settings where transitions of many different types are in progress. They demonstrated that there were multiple outcomes which could be judged as successful in terms of each of the agency partners. Senior managers of the three main services involved worked towards embedding the *New Life* framework in their planning in order to meet their own operational goals more effectively.

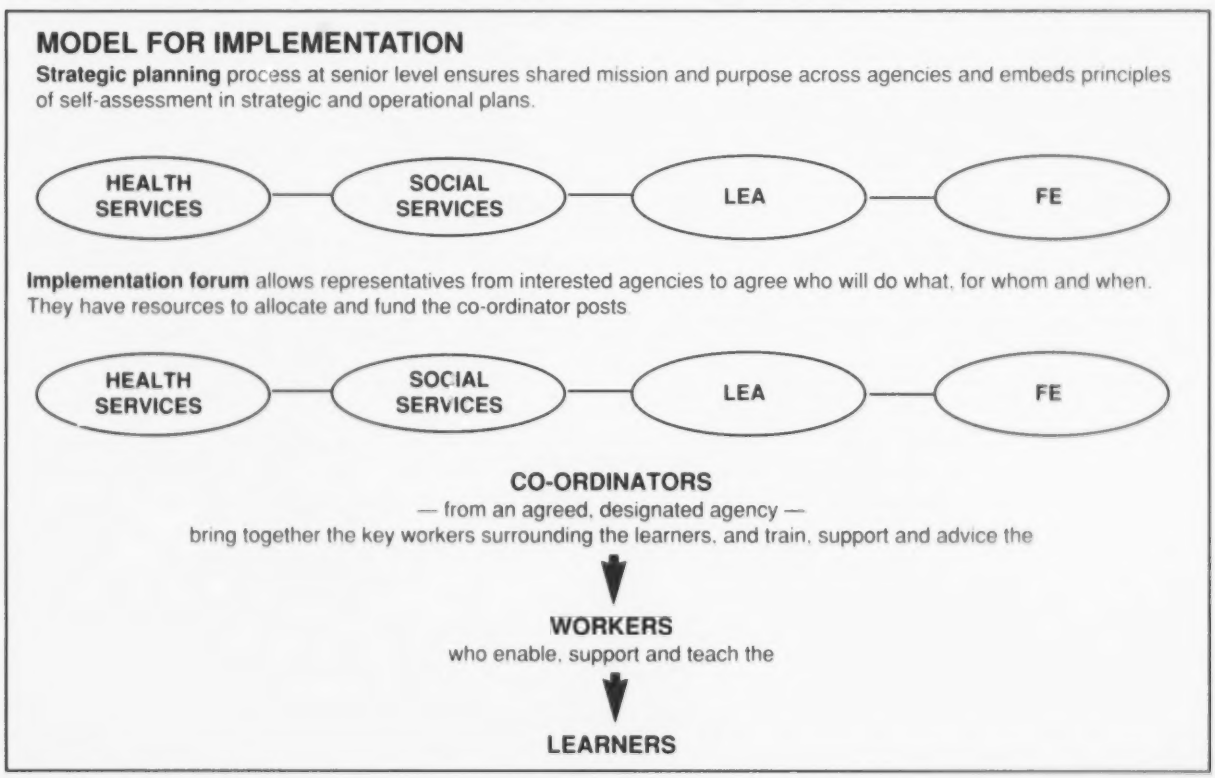
MODEL FOR IMPLEMENTATION
Strategic planning process at senior level ensures shared mission and purpose across agencies and embeds principles of self-assessment in strategic and operational plans.
HEALTH SERVICES
SOCIAL SERVICES
LEA
FE
Implementation forum allows representatives from interested agencies to agree who will do what, for whom and when. They have resources to allocate and fund the co-ordinator posts
HEALTH SERVICES
SOCIAL SERVICES
LEA
FE
CO-ORDINATORS
— from an agreed, designated agency —
bring together the key workers surrounding the learners, and train, support and advice the
WORKERS
who enable, support and teach the
LEARNERS

Figure 2.

Definite plans for ways of doing this emerged from each agency:

- The associate director of commissioning for the health agency, in liaison with the planning manager for social services, advocated the use of *A New Life* as an addition to the standard assessment process for resettlement. They also suggested to the joint care planning team that there should be explicit reference to *A New Life* in the quality standards developed for residential unit providers and in the business plan for resettlement.
- The hospital manager argued that *A New Life* should be used as a resource by hospital resettlement officers and teams.
- Social service staff advocated the use of the framework by their planning managers, social work teams, project development officers and representatives on resettlement teams, and proposed that the use of *A New Life* should be embedded in development plans.
- The college will use *A New Life* both within the education centres in the hospitals and when working with the next group of people to move from one hospital to another. It is to be suggested that the principles of *A New Life* will inform the new strategic plan of the college.

Reviews of provision are currently being, or have recently been, undertaken in many areas of the country. They present a valuable opportunity to change and develop practice. The framework of *A New Life* may be a very useful focus in such circumstances, as was evident in one of the pilot areas:

A local authority undertaking a wholesale review of provision for learners with disabilities and learning difficulties proposed that *A New Life* should be discussed by the local Learning Disability Policy Review Group, which has a wide remit to review all policies concerning such learners. The Review Group also expects to make significant changes which will involve redeployment of resources.

- The director of social services saw that *A New Life* could complement existing individual programme plan (IPP) systems in social services homes and suggested that it should be written into policy documents that emerge from the Learning Disability Review Group.
- The health authority is advocating the use of the pack with the next group of people moving out of the local hospital in 1995.
- The local FE college is to embed the principles of *A New Life* into its college-based and outreach courses next year. This will ensure that self-assessment is carried out with students, that staff will have extra time allocated for this process and individual learning plans will be designed.

Action points for managers

Managers should consider how to secure the following elements, which are considered essential to cross-agency planning:

- open and frequent multi-agency dialogue between all the potential partners to plan for transition at strategic and operational level and to agree a common agenda for action. Where possible, this should be made public, with clear lines of accountability described;
- a commitment to client-centred learning through the self-assessment process, alongside complementary assessment by key professionals;
- negotiation with the client to design the goals and learning activities in a learning plan, which may well call for the participation of many services;
- co-ordination to ensure that the plan is implemented;
- a system of recording, monitoring, review and evaluation to ensure that learning is taking place and new goals are set;
- training and support of staff who have day-to-day contact with learners to enable them to take on this new role.

MOVING FROM STRATEGY TO PRACTICE

KEY ISSUE: Successful learning, based on self-assessment and learning plans, is dependent upon the collaborative implementation of strategies, without which learning programmes may not occur, and many transitions may take longer to succeed, or may not succeed at all.

While the support of senior management is vital at the strategic level, there have been many examples of the process working on a more local level because collaboration among practitioners has been supported by line managers.

For example, one learner's programme involved college tutors, a resettlement officer and social services key-workers. Line managers allocated extra time to staff to carry out the self-assessments, and design and implement the learning plan. As a result, *A New Life* is to become part of the programme offered to all residents in the learner's hospital who are thinking of moving to more independent living. Staff have welcomed *A New Life* as it has provided a vehicle and structure for achieving what they instinctively wanted to do.

Leadership from managers, and, where appropriate, active involvement, can sustain this momentum as the following example illustrates:

Some learners' plans involving a hospital care assistant, a ward manager, a speech therapist and a college tutor had the support of the hospital trust managers. The business manager attended staff meetings and the planning meetings with the learner group. She provided a buffet lunch for these occasions, and she allocated funds for folders and other materials. Because of this support, the process will continue with other learners. Staff are committed to it; the learners are making progress; learning is taking place; and all feel they have the backing and real support of senior managers. Putting the process into effect has been a positive learning experience for them and has suggested further training opportunities. The value which care staff increasingly place on their own learning has made their own efforts doubly beneficial.

Senior managers should give their explicit support to staff implementing the self-assessment process and the subsequent learning programme so that the workers know this to be a legitimate part of their role. Since many are already overstretched in often stressful situations and, consequently, may not regard self-assessment as a high priority, they will require a great deal of managerial support in the short term. Time will need to be given for in-service training and for discussing methods of integrating good practice.

Where there is no overt support from management, staff feel less confident about initiating the process, even where they are committed to it. The resulting resettlement programmes are often random and inconsistent, with different approaches in different wards or departments creating difficulties in assessing the quality of the outcomes.

CO-ORDINATING THE PROCESS

KEY ISSUE: Multi-agency approaches present difficulties in delineating roles and responsibilities, particularly at a time of change. Successful multi-agency work requires clear and agreed co-ordinating procedures and lines of accountability.

Attitudinal change may be required of all those involved. Although each agency will work within its identified roles and remit, each must share the common aim of adopting a client-centred approach. Each should recognise that other disciplines have a role to play in the self-assessment and learning process.

The project demonstrated that clear and agreed co-ordinating processes are essential. The model that follows shows how a range of professionals may initiate and co-ordinate the process.

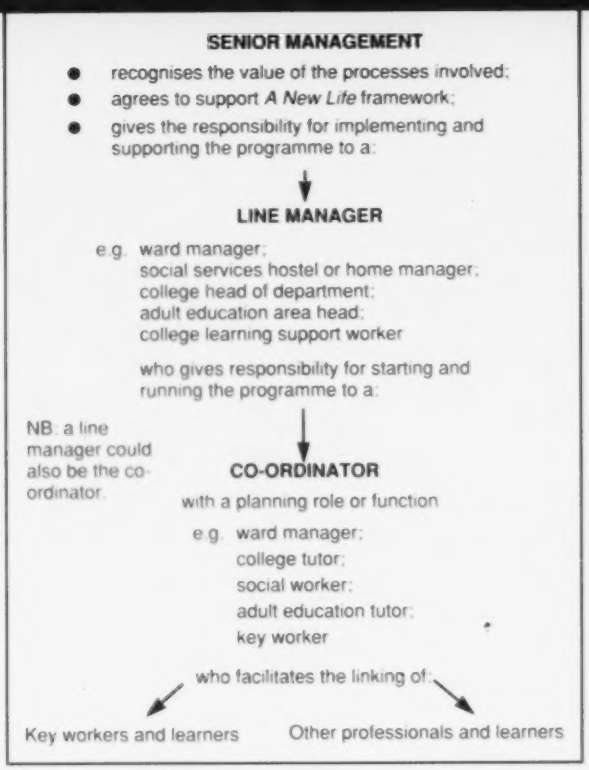
SENIOR MANAGEMENT
recognises the value of the processes involved;
agrees to support A New Life framework;
gives the responsibility for implementing and supporting the programme to a:
LINE MANAGER
e.g. ward manager;
social services hostel or home manager;
college head of department;
adult education area head;
college learning support worker
who gives responsibility for starting and running the programme to a:
NB: a line manager could also be the co-ordinator.
CO-ORDINATOR
with a planning role or function
e.g. ward manager;
college tutor;
social worker;
adult education tutor;
key worker
who facilitates the linking of:
Key workers and learners
Other professionals and learners

Figure 3.

The self-assessment process and the assessments from the key worker will highlight areas of need requiring input from other professionals. When additional staff become involved, it is necessary for the co-ordinator and the key worker to keep everyone aware of the overall programme and each respective role within it. The key worker should arrange for an assessment to be carried out, if necessary, with other professionals in partnership with the learner, ensuring that everyone recognises the need to keep the learner at the centre of the process. The learner's self-assessment will provide the basis for the learning programmes, and the assessments from the key worker and other professionals will identify the learner's needs and the support the learner requires in achieving his/her goals.

Recording the various elements of the learning plan, its aims and progress, is essential. A Record of Achievement (RoA) should be kept, which is owned by the learner and may be taken on any transition to a new home. Permission to see or use the learner's self-assessment, worker's assessment, or other information, should be obtained from the learner.

Wherever possible, the key worker should discuss with the learner:

- who needs to be involved;
- why they are to be involved;
- how they will contribute.

The structure ensures that learners are, and feel themselves to be, at the centre of the process. It also means that through the learning plan, the RoA, the meetings and networking, all participants in the programme are working together, informed throughout by key-worker and co-ordinator.

Action points for managers and co-ordinators

Before implementing *A New Life*, managers from all partner agencies should consider and agree:

- the remit and identity of the co-ordinator;
- how to support the key workers;
- how to re-train, or train new staff;
- how to make sure the learning programme is taking place and moving forward;
- how to record and evaluate the process;
- how and when to convene meetings to support workers and learners.

Co-ordinators need to be aware of their key role in:

- starting the process;
- linking key-workers and learners;
- supporting self-assessment and assessment;
- commissioning other specialists, as called for in the learning plan;
- ensuring good communications between all involved in the learning plan;
- ensuring that all the signatories to the learning plan or contract have a copy;
- organising meetings between learners and workers;
- pulling the whole plan together and keeping it moving;
- making sure the learning goals are being achieved;
- ensuring that the stages of the learning cycle are completed and a new learning plan designed.

RESOURCING

KEY ISSUE: Resourcing transition learning programmes may present difficulties because of the numbers of different agencies involved. Each of these operates under its own regulations and obtains resources from different central and local government departments. Collaboration between services and agencies may ensure that best use is made of scarce resources.

Maximising the use of resources across agency boundaries is complicated and requires considerable effort. However, the project demonstrated that it is worthwhile and the end results provide learners with a richer and more effective learning programme.

The existing level of resources already benefit transition learning programmes. Funds are available to resource individual programme plans (IPPs) and individual care plans (ICPs), and an important element of these is education. However, educational objectives, especially those associated with the concept of life-time learning, may need to be more explicitly stated within these plans.

Implementing the principles of *A New Life* underlined the importance of planning for, acknowledging and building upon the learning experiences obtained in everyday situations. A combination of expertise from the various professions involved, based around the design and delivery of learning plans linked to IPPs or ICPs, may result in effective and efficient use of resources.

Funding for specific educational activity is also available from LEAs and for programmes funded by the FEFCs at FE colleges. The latter funding, however, requires evidence of progression to Schedule 2 provision. Building upon learning which, though informal, is planned for and recorded within the framework of *A New Life*, may ensure that formal learning is more purposeful — targeted towards progression rather than replicating learning which has already taken place. Expensive resources may thus be used to best effect.

Services and agencies can add the framework of *A New Life* to existing care plans as a means of giving the learner a voice. In many cases, the health authority is already paying for some adult education. In certain contexts in the pilot areas, transition learning plans and the self-assessment process have now been included in IPPs with the full support of the business manager and at no extra cost to either service. The process may also be written in to the organisation's quality standards, thereby becoming an auditable process.

In one area, the community education service has agreed to embed *A New Life* into its curriculum for social services' day centres. Again, this adds an extra dimension to an existing programme, needing re-allocation of time rather than more resources.

In one pilot scheme, the key workers/nurses in one hospital ward re-allocated time spent with the clients/residents in order to implement the learning plan and encourage the learning activities. These learning activities included:

- teaching and assisting learners with domestic skills;
- community visits;
- making snacks;
- keep fit exercises;
- shopping trips;
- escorting a learner to meet her boyfriend;
- assisting with budgeting;
- encouraging and demonstrating personal hygiene skills.

Staff may already have been involved in all of these as a matter of course. Acknowledging their potential for learning outcomes raised the awareness of the worker to further possibilities. Seemingly mundane operations were seen as a different order of work — as purposeful, specific and valuable learning activities, but taking place within the same allotted time.

Self-assessment is not an explicit part of the assessment procedure of the ICP, however. It therefore needs extra time allocated to enable it to take place effectively and the role of care staff in the planning and provision of educational activities must be explicitly acknowledged.

A residential social worker with key responsibility for one learner, as part of a team providing 24-hour support in a social services house, initiated the self-assessment and assessment process. He designed and organised learning activities and organised meetings with the learner and the team. He used his ordinary work time to implement learning activities but needed extra time to carry out self-assessment and assessments. These were seen as vital in enabling self-advocacy and the achievement of adult status, and the social worker was, therefore, supported by his line manager in using his time in this way. Copies of the learner's programme were sent to all the other members of the care team so that they could all be involved in a consistent approach and in implementing learning activities. At the learner's review, the principles and findings of *A New Life* were incorporated into his future care plan and could, therefore, be allocated resources.

The colleges in the pilot areas have redesigned some of their courses for next year to incorporate the self-assessment process by using FEFC funding to improve and expand existing provision.

In one of the colleges, provision has been established for transition work. New procedures for self-assessment and assessment have been established, allowing much more time for prospective students to try 'tasters' of college courses and to make choices.

Another college has adapted its Independent Living and Community Link provision into a coherent and flexible package. There will be a six-hour induction period involving self-assessment and negotiation of learning plans and discussion with each referring agency, followed by individually tailored learning activity.

The pilot schemes showed how services were able to share and barter resources in a way that was mutually beneficial. As a result, new training, new courses and new collaborative working methods, all of which led to improvements at no extra cost, were introduced.

A college tutor on one of the schemes met the joint planning team — health, education and social services — to look at ways of continuing transition work next year when a new group of people from the local hospital will be resettling. The college proposed a scheme which would not involve extra funding. From September 1994 it will enrol six clients from a health authority or social services home on a course and a tutor from the college will work with three clients and three carers/workers each week. Staff training will thus take place alongside learning plans for the clients. This work will have the support of the LEA and each course will last for ten-15 weeks. Funding has been secured from the LEA under its adult provision.

Extensive sharing of resources between education and health is evident:

- shared costs: the hospital trust business manager paid for buffet meals and provided premises for meetings;
- project folders for the individual learning plans were provided by the hospital trust;
- initial administrative work, e.g. minutes of meetings, was done by education staff and then circulated by trust staff who informed workers and organised appropriate meetings;
- throughout the project the college and the hospital trust used existing resources or worked collaboratively to share accommodation, photocopying, administrative support, equipment for learning plans and, most important of all, staff time. These resources were all managed within existing structures because of a climate of mutual trust between managers.

Action points for managers

- Create conditions which make more efficient use of staff time.
- Encourage staff to 'seize the moment' for effective learning and interact effectively with clients, recording and monitoring what they do.
- Raise awareness of staff so that they see value in everyday learning activities with clients.
- Ensure that all staff are aware of the transition issues they are responsible for within their role.
- Encourage flexibility within shifts and rota systems to facilitate transition work.
- Allocate sufficient time to carry out effective self-assessments and assessments.
- Collaborate with other agencies to provide training and establish systems to exchange places on training programmes.
- Be aware that the transition learning plan can become an integral part of existing ICPs/IPPs without extra cost, through sharing and re-allocation of resources.

- Ensure that the framework of *A New Life* becomes an integral part of an existing service, and can be absorbed into pre-existing funding arrangements.
- Encourage staff to be aware of events and activities which lead to successful learning for themselves, so that they are more aware of when learning could take place.
- Give staff the opportunity to discuss their own learning with an adviser.
- Offer exchange places on staff training courses with other services.
- Monitor and audit learning plans, so that they become an automatic part of an existing service, contributing to its improvement and being absorbed into pre-existing funding arrangements, including funding.

Action points for colleges and education services

- Consider the possibilities opened up by FEFC funding for additional learning support.
- Consider the many ways in which collaboration between services can produce improvements at no extra cost.
- Include all who wish to learn on courses, whatever the disability, by using funding from LEAs and FEFCs imaginatively.
- Investigate other funding available both from health authorities and social services departments for learners with severe learning difficulties.
- Encourage tutors to take part in outreach work with health authority and social services clients, and allocate extra time for this work.
- Allocate time for college tutors to incorporate self-assessment and a negotiated learning plans into their courses.
- Ensure that resources have been allocated to respond to individual needs and goals and for learner support.
- Negotiate satisfactory agreements for funding from health, social services, and education departments.

TRAINING AND SUPPORT

KEY ISSUE: Those undertaking the self-assessment process require a high degree of understanding of its underpinning concepts. This has implications for training and development of the staff involved. It is important to ensure that workers undertaking the self-assessment process learn to empower rather than control.

While a wide range of staff training and support needs are evident at all levels and in all the sectors involved in transition programmes, absence of formal training should not be seen as a barrier to the use of *A New Life*. Many of those involved in the implementation used the pack successfully with supporting guidelines for the workers. Staff felt that working together in *A New Life* pilot scheme was a form of training and, as such, it might be used as the basis of continuing professional development. That said, training and support have emerged as a key issue. Fear of change has made many workers insecure. They clearly expressed the desire for training in order to gain extra qualifications and also to raise the status of the work.

Roles will change and some staff will need more training: for example, in liaising with other professionals. Some care staff in the project lacked confidence in their contacts with colleges and other educational establishments and needed encouragement from college workers. Equally, some of the college workers were unused to going into community homes. Accomplishing these changes without creating conflict or confusion, will require a sensitive approach.

Workers require support to undertake new aspects of their work arising from the use of the self-assessment process. Feeling comfortable with a learner's own words and being confident about recording them, requires a high level of understanding of the learning process. Some workers in the project felt they needed permission to be flexible in how they recorded information. Others found unfamiliar the idea that recording should be as accessible as possible to the client. It is important that the work with the client should not be formalised to meet a recording system and so become yet another checklist.

There is evident concern about what constitutes a legitimate educational experience. As much of the learning may occur in an informal setting, supported by people whose primary role is not educational, the concept of learning must be broad. *A New Life* provides a framework within which a wide range of workers may operate with rigour and consistency. Workers may need training in finding ways of implementing learning goals. The goals identified may not be what is expected. College tutors may need to adapt their approach to ensure that they link individual goals with learning activity. The self-assessment process may uncover new curriculum areas to be addressed.

Action points for managers

- Give positive support and reassurance.
- Remember that transition for workers (and learners) is not easy and needs a sensitive approach.
- Be prepared for workers to need a period of adjustment to new ways of working.
- Provide forums for workers to discuss concerns openly in a safe situation.
- Agree and review action agenda.
- Provide mechanisms to check that the process and learning cycle are being adhered to.
- Ensure that structures enabling workers to relate to managers in the organisations are clearly understood and can be effectively used.
- Design quality assurance procedures for informal learning programmes and multi-disciplinary working.
- Decide who needs to know what and ensure that people are kept informed.
- Monitor and evaluate the processes and make any necessary changes.
- Have a realistic expectation of timescales.
- Share planning, ideas and resources.
- Share the load across all staff.
- Acknowledge the existence of professional boundaries, even though some overlap is inevitable.

KEY ISSUE: All agencies involved in the project experienced difficulties in resourcing training programmes. Sharing the costs may help to make best use of those resources which exist.

Strategies for the provision of training and support could include:

- inviting managers and workers directly involved with learners to course team meetings; shadowing or secondment from each service involved to assist staff in each group to understand the rationale and problems of working within particular systems;
- establishing a joint working policy or management group;
- accreditation for staff through mentorship and work-based assessment, or through dedicated training courses;
- joint courses/workshops to consider specific issues or design, or to disseminate joint procedures;
- support networks — both multi-agency and in-house;
- a staff handbook explaining procedures.

NEXT STEPS

A New Life and its implementation have demonstrated that education can play a vital role in ensuring the successful transition process for people with severe learning difficulties, provided that the concept of education is broad and the processes are structured and co-ordinated. A great deal remains to be done. The number of people requiring such support is unlikely to diminish and those charged with planning and delivering this support face an onerous task. However, a multi-agency approach making the best use of existing resources and committed to the development of the staff delivering the learning programmes, will go a long way towards meeting these needs.

ISBN 1 85338 365 1
Registered charity number 326347
© Further Education Unit 1995
Printed by The Manson Group, Hemel Hempstead, Herts
Distribution number: FEU 076

GLOSSARY

The following are definitions of specific words used throughout this publication:

Assessment: the process which enables the workers to contribute effectively to the learning plan.

Contract: the learning plan, signed by all participants.

Evaluation: a shared process of review, carried out by the learner and the worker.

Individual care plan (ICC): results from a similar process to the IPP in which the needs of individuals are assessed and packages of care tailored to suit their needs. Case review processes are intended to identify needs and plan service responses to achieve desired changes to client welfare.

Individual learning plan (ILP): an individual plan containing specific outcomes and activities, and signed by all participants.

Individual programme plan (IPP): a practical plan identifying in some detail, the strengths and weakness of the individual, their interests, aspirations and current abilities. The participation of the client and their expressed wishes are both central to this. The IPP should be based on a written statement which includes present performance and defines future goals, setting out an objective evaluation system of progress and achievement.

Learning activities: ways in which the goals are achieved.

Learning outcomes: the intended goals of learning activities.

Learning plan: an individual plan containing specific outcomes and activities.

Negotiation: the process by which the learner and worker, in an equal partnership, prioritise goals and choose learning outcomes and activities.

Recording, record-keeping: recording is carried out by the learner and worker together. It includes records of learning activities, reviews and evaluation.

Record of achievement: folder containing the learning plan and examples of work chosen by the learner; a portfolio of work.

Self-advocacy: being able to express thoughts and feelings, with assertiveness if necessary; being able to make choices and decisions; having clear knowledge and information about rights; being able to make changes.

Self-assessment: the process by which learners can self-advocate effectively: it results in an individual learning plan with the learner at the centre.

ACKNOWLEDGEMENTS

This bulletin was based on the findings of an implementation project jointly funded by FEU and the Department of Health.

Sue Cowan and Sheena Rolph were the FEU consultants on this project. Three colleges took the role of lead organisations for this project: Blackburn College, Bury Metropolitan College, Oaklands College.

Thanks are due to the staff from these colleges, and to their partners in the venture, for their unremitting hard work and enthusiasm.

The implementation project was supported by a steering committee:
Carol Burgess, principal, Westminster College
Nancy Cookson, deputy principal, Gateshead College;
Sue Cowan, consultant, FEU
Sally Faraday, development officer, FEU
Bernard Godding, area head, Norfolk Adult Education
Christiana Horrocks, inspector social services inspectorate
Maria Hughes, development officer, FEU
Carla MacEwan, manager, Hensol Hospital Health Unit
Eamon McKeown, service support team, Bury Social Services
Peter Muir, chief executive, Milton Keynes and North Bucks TEC
Sheena Rolph, consultant, FEU
Dr Oliver Russell, director, Norah Fry Research Centre
Barry Stockton, LEA officer, Lancashire County Council
Jeannie Sutcliffe, consultant, National Institute for Adult Continuing Education

Further information on this and related work is available from Maria Hughes, Development Officer, FEU Northern Regional Office, 10th Floor, Wellbar House, Gallowgate, Newcastle upon Tyne, NE1 4TP.

Please note that all FEU documents are designed as working and/or discussion documents and may therefore be photocopied for any non-commercial use, provided that FEU is acknowledged. If, however, you need further copies of this bulletin, please contact the FEU Information Centre, Citadel Place, Tinworth Street, London SE11 5EH.